

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90051 017 \*\*\*150.00

DOCUMENT # **P95000076088** ✓

1. Entity Name  
**Pronto Express Courier Systems Corp**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**20451 NW 2nd Ave #**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**102**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Fla**

City & State

4. FEI Number  
**65-0631403**

Applied For  
Not Applicable

Zip  
**33169**

Country  
**Dade**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
**Arleen Diaz**

Street Address (P.O. Box Number is Not Acceptable)  
**20451 NW 2nd Ave #102**

City  
**Miami**

**FL**

Zip Code  
**33169**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Arleen Diaz*

Signature, typed or printed name of registrant and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**President  
OTTO Diaz  
20448 NW 15 Ave  
Miami Fla 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Vice President  
Arleen Diaz  
20448 NW 15 Ave  
Miami Fla 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-2002**

Date

**305-651-0330**

Daytime Phone #

CR2E034B (12/01)